

Form No. 1

## (1) PLACE OF BIRTH

County of BerkleyTownship of Easton

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3050

Registration District No. 7. P. 8. Registered No. 17  
(For use of Local Registrar)(No. 34) (Ward 1)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child H. V. Ans. H. Cray If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>Male</u>	(b) Type of Birth <u>Spontaneous</u>	(c) Month of Birth <u>Feb.</u>	(d) Day of Birth <u>7</u>	(e) Year of Birth <u>1925</u>
FATHER.			MOTHER.	
(a) FULL NAME <u>Sam M. Cray</u>			(a) FULL NAME <u>Mary Washington</u>	
(b) PRESENT RESIDENCE OF FATHER <u>Irregular</u>			(b) PRESENT RESIDENCE OF MOTHER <u>Irregular</u>	
(c) COLOR OR RACE <u>Negro</u>	(d) AGE AT LAST BIRTHDAY <u>49</u>	(e) COLOR OR RACE <u>Negro</u>	(f) AGE AT LAST BIRTHDAY <u>39</u>	
(g) BIRTHPLACE <u>Riley Co.</u>			(g) BIRTHPLACE <u>Berkley Co.</u>	
(h) OCCUPATION <u>Farming</u>			(h) OCCUPATION <u>Housewife</u>	
(i) Number of children born to mother, including present child <u>11</u>			(j) Number of children of this mother now living, including present child <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on Feb. 7 at 5:00 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Cray  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Irregular

Given name added from a supplement and report

(26) Witness W. H. Cray  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Date Feb. 8 at 7:30 (28) W. H. Cray(29) How likely to be a child of the mother and father?  
If a child of the mother and father, state the name of the father.